

Exhibit A

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION**

WHOLE WOMAN'S HEALTH, et al.,)	
)	
Plaintiffs,)	CIVIL ACTION
v.)	
)	CASE NO. <u>1:17-cv-690</u>
KEN PAXTON, et al.,)	
)	
Defendants.)	

DECLARATION OF MARK D. NICHOLS, M.D.

Mark D. Nichols, M.D., declares and states the following:

1. I submit this declaration in support of Plaintiffs' Motion for Preliminary Injunction. I am a physician licensed to practice medicine in the state of Oregon. I have been Board Certified in obstetrics and gynecology by the American Board of Obstetrics and Gynecology since 1985. I am currently the Director Emeritus of the Family Planning Fellowship and a professor at the Oregon Health and Science University in Portland, Oregon. The family planning fellowship trains obstetrician-gynecologists in complicated contraception and abortion care. In my practice, I provide a full range of gynecological and obstetric care and I have delivered approximately 3,000 babies. I also provide abortion procedures at two out-patient facilities in the Portland area.

2. Throughout my career, I have provided terminations of pregnancy, in both in-patient and out-patient settings. I provide abortions up to 24 weeks of pregnancy, as measured from the first day of the patient's last menstrual period (LMP), and have utilized both medical and surgical methods. For many years, I have instructed and supervised residents and fellows in the provision of abortion care.

3. I have conducted research and published on a number of topics, including contraception and abortion, and have published over 20 peer-reviewed papers related to abortion. I am a long-standing member of the Association of Reproductive Health Professionals, and the Society of Family Planning, of which I am the former President. I currently serve on the Board of Directors of Planned Parenthood Federation of America. I am a member of the editorial board for the publication *Contraception* and a peer-reviewer for several publications, including the *New England Journal of Medicine* and the *American Journal of Obstetrics & Gynecology*.

4. My *curriculum vitae*, which more fully sets forth my experience and credentials, is attached as Exhibit A.

5. The opinions in this declaration are my expert opinions, based on my education, training, practical experience as an obstetrician-gynecologist and an abortion provider, attendance at professional conferences, review of relevant medical literature, and conversations with other medical professionals. All of the opinions provided in this declaration are based on my personal knowledge.

6. I have reviewed the provisions of Texas Senate Bill 8, prohibiting “dismemberment abortion.” The Act prohibits a procedure known in medical terms as dilation and evacuation (“D & E”), the safest and most common abortion procedure in the second trimester after approximately 15 weeks of pregnancy. The ban does not apply if fetal demise has already occurred, but this provides virtually no protection for women’s access to D & E. In the earlier weeks of the second trimester, when many D & Es occur, there is no known safe and reliable way to effect fetal demise, and therefore no clear way to avoid violating the D & E ban. At 18 weeks and later, there are methods by which physicians may attempt to cause demise, but

these methods, which provide no established medical benefit for the patient, are simply too risky or impossible in some patients, and they simply fail in others—and a physician cannot know ahead of time for which patients this will be true. This leaves physicians with no reasonable means to avoid the Act’s criminal penalties and continue to provide D & E procedures.

BACKGROUND ON ABORTION

7. Abortion in the United States is a common and safe procedure: Approximately 30% of women have an abortion at some point in their lives.¹ Since abortion became legal across the country following the decision in Roe v. Wade, physicians have gained decades of experience, techniques have evolved to enhance safety, and today, the procedure is extremely safe.²

8. Abortion in both the first and second trimester is safer than carrying a pregnancy to term, as to both morbidity and mortality.³ A woman’s risk of death following childbirth is approximately 14 times greater than the risk of death associated with abortion.⁴ In addition, complications such as blood transfusions, infection, and injury to other organs are all more likely to occur with a full-term pregnancy than following an abortion.

¹ R.K. Jones & M. Kavanaugh, Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion, 117 *Obstetrics & Gynecology* 1358, 1358 (2011).

² See K. Pazol et al., Ctr. for Disease Control and Prevention, Abortion Surveillance – United States, 2012, Morbidity and Mortality Weekly Report (Nov. 27, 2015) (reporting 2 deaths related to abortion out of 730,332 procedures in 2011); T.A. Weitz et al., Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver, 103(3) *Am. J. of Pub. Health* 454-61 (2013) (first-trimester abortion is one of the safest medical procedures and carries minimal risk—less than 0.05%—of major complications).

³ E.G. Raymond & D.A. Grimes, The Comparative Safety of Legal Induced Abortion and Childbirth in the United States, 119 *Obstetrics & Gynecology* 215-19 (2012).

⁴ *Id.* at 217.

ABORTION CARE IN THE FIRST TRIMESTER

9. In both the first and second trimesters, there are two basic methods of abortion: using medications to cause uterine contractions, and using instruments to empty the uterus. Prior to any procedure, the clinician evaluates the patient and determines how many weeks the pregnancy has advanced, most often by ultrasound.

10. In the first trimester of pregnancy, early medication abortion is available through 70 days LMP. In a typical medication abortion, a woman takes first one drug, mifepristone at the health facility, and then a second drug, misoprostol, approximately 24 hours later at a location of her choosing.

11. The instrumental method of abortion available in the first trimester is suction aspiration, also known as a dilation and curettage or D & C, in which clinicians use a plastic tube, called a cannula, attached to a syringe or electrical pump, to empty the uterus. Prior to starting the procedure, the physician dilates the cervix as needed to allow the cannula to enter the uterus. The size of the cannula used increases as pregnancy progresses. As the pregnancy progresses to the beginning of the second trimester, it is no longer possible to empty the uterus using suction alone; as described below, a physician must use other instruments.

ABORTION CARE IN THE SECOND TRIMESTER

12. As in the first trimester, it is possible to induce abortion in the second trimester using only medications, which is called induction, or with instrumentation, called D & E. However, second-trimester induction abortion is uncommon in this country. Unlike D & E , which is a quick procedure, lasting approximately 5 to 10 minutes, that can in most cases be scheduled as an out-patient procedure and involves mild to moderate sedation, inductions must occur in a hospital or similar facility; can take anywhere from 8 to 36 hours, sometimes longer;

and entail the process of labor, which can involve pain requiring significant medication or anesthesia, and which may be psychologically challenging for some women, especially those ending a pregnancy after learning of a devastating fetal diagnosis, as inductions are often done in the labor and delivery area. In addition, there is an enormous cost difference between an in-patient procedure requiring up to three days of hospitalization and an out-patient procedure.

13. Further, after 5-10% of inductions, the woman must undergo an additional surgical procedure to remove a retained placenta.⁵ In some cases, inductions fail, and a physician must perform a D & E urgently if infection or heavy bleeding occurs. Induction abortion can cause uterine rupture, which is rare but can be life threatening. This is a particular concern for patients who have had multiple previous cesarean deliveries, a common obstetrical history.

14. For these reasons, while a few women, given the option, choose induction, almost all second-trimester patients choose D & E.⁶

15. The D & E procedure is safe, with major complications occurring in less than 1% of procedures.⁷ This reflects an evolution of techniques in cervical preparation, improved use of antibiotics, use of simultaneous ultrasound guidance to decrease risk of perforation of the bowel or uterus, and better pain management options. All of these mean better outcomes for our patients. The D & E method was also a major innovation in abortion care because it is well-

⁵ A.M. Autry et. al, A Comparison of Medical Induction and Dilation and Evacuation for Second Trimester Abortion, 187 Am. J. Obstetrics & Gynecology 393 (2002).

⁶ Am. Coll. of Obstetricians & Gynecologists, Practice Bulletin Number 135: Second Trimester Abortion, 121(6) Obstetrics & Gynecology 1394, 1394, 1406 (2013).

⁷ U.D. Upadhyay et al., Incidence of Emergency Department Visits and Complications After Abortion, 125(1) Obstetrics & Gynecology, 175, 175, 183 (2015) (Fewer than 0.3% of U.S. abortion patients experience a complication that requires hospitalization.).

suites to the out-patient, ambulatory setting, which significantly reduces the expense of a second-trimester abortion.

16. Physicians start using the D & E method at the beginning of the second trimester, at approximately 15 weeks LMP, depending on the patient as well as the physician. At this point, when suction alone is generally no longer sufficient, physicians use additional instruments, most commonly forceps, to perform the abortion safely. As the term D & E indicates, the physician first dilates the cervix to accommodate the instruments, and then evacuates, or empties, the uterus. The cervical preparation or dilation phase entails using medications such as misoprostol, placing osmotic dilators in the woman's cervix to gradually absorb moisture and swell, and can include the use of mechanical dilators, or a combination of these techniques. In the early part of the second trimester, through approximately 18 weeks, many physicians perform the cervical preparation and the evacuation on the same day. Later in the second trimester, depending on the method of cervical preparation, the physician may start the dilation process on the same day as the evacuation, or earlier, such as one day before.

17. In performing the evacuation phase, the physician typically allows the amniotic fluid to flow out, or suctions it out, and then removes the fetal tissue and placenta using surgical instruments, generally forceps. Simultaneous abdominal ultrasound is performed to assure the instruments are properly inserted into the uterus. This almost always entails removing the fetus in pieces because the fetus is larger than the cervical opening. The reason that the cervix is not dilated more is that the physician—to maximize safety and minimize the risk of infection—aims to dilate the cervix only enough to safely remove the fetus in the manner he or she thinks is best for the patient. Following removal of the fetus, the physician then uses suction again to ensure

that the uterus is completely empty. The tissue is inspected to confirm that the entire fetus and placenta are removed. The procedure typically takes under 10 minutes.

THE BAN ON D & E

18. S.B. 8 bans the D & E procedure. The fact that it does not apply if fetal demise has already occurred does not change its impact because, as explained below, physicians cannot safely guarantee fetal demise in every case.

Digoxin

19. Starting in the later part of the second trimester, some physicians attempt to induce fetal demise by injecting a drug called digoxin either transabdominally or transvaginally. The drug is injected either into the fetus (intrafetal) or into the amniotic fluid (intraamniotic). Physicians attempting this procedure wait approximately 24 hours for the digoxin to work; for that reason, they generally attempt the injection at the same time that they start an overnight cervical dilation process.

20. As the American Congress of Obstetricians and Gynecologists (“ACOG”) concluded: “No evidence currently supports the use of induced fetal demise to increase the safety of second-trimester medical or surgical abortion.”⁸ This statement is fully consistent with the medical literature, which confirms that it is not safe to mandate that physicians attempt to cause fetal demise prior to evacuating the uterus for every D & E patient.⁹

21. Physicians who do these injections generally use an 18- to 22-gauge 3-inch long spinal needle passed, under ultrasound guidance, through the patient’s abdomen, vaginal wall or

⁸ Am. Coll. of Obstetricians & Gynecologists, *supra* note 6, at 1396, 1406.

⁹ See J. Diedrich & E. Drey, Induction of Fetal Demise Before Abortion: SFP Guideline 20101, 81 Contraception 462 (2010).

vagina and cervix, into the uterus, and then either into the amniotic fluid or the fetus. The transabdominal injection can be painful and, in my experience, emotionally difficult for a patient. For a transvaginal injection, the needle is passed through the vaginal wall near the cervix. Many women also find the transvaginal injection invasive, and/or painful.

22. The injections pose risks, including infection, which can threaten the patient's health and future fertility, and accidental absorption of the drug into the patient's circulation, which can result in toxicity and changes in the patient's EKG.

23. I am not aware of any physician attempting these injections earlier than 18 weeks LMP because there are no medical benefits but additional risks from the injection earlier in pregnancy. Earlier in pregnancy, when the fetus is smaller, injections are more difficult to administer and less likely to be intrafetal, and thus they are less likely to be effective. As far as I know, there are no studies on using digoxin in the first weeks of the second trimester, when most second-trimester abortions occur. Attempting demise using digoxin prior to 18 weeks would therefore subject women to an unstudied procedure, with risks that cannot be quantified and an unknown likelihood of success. In other words, physicians who wished to provide D & E procedures during this period of pregnancy would be forced to attempt what amounts to an experimental procedure on their patients.

24. Moreover, because a woman has to wait approximately 24 hours after an injection before the evacuation, requiring this injection early in the second trimester—when physicians do not start cervical preparation the day before the evacuation—would necessarily prolong the procedure, adding an additional day and an additional trip to the clinic for the patient, with no medical benefit. This is simply unacceptable from a medical standpoint.

25. Even later in the second trimester, digoxin can be difficult to administer for certain patients. For example, an injection may be difficult if the patient is very obese. Similarly, anatomical variations of uterine and vaginal anatomy, such as fibroids, a long cervix, and fetal positioning, can make transvaginal injection very difficult. The digoxin injection could also be very dangerous for patients with certain cardiac conditions, such as arrhythmias.

26. Physicians know that in 5-10% of cases the injection will not cause fetal demise. Although an experienced provider who is able to perform an intrafetal injection may have a low failure rate, the failure rate is higher for intraamniotic injections. Intraamniotic injections are easier to perform, but they take longer to cause demise and are associated with higher complication rates than intrafetal injection.¹⁰ Intrafetal injections are technically more difficult and sometimes impossible to perform even for the most skilled physicians, due to fetal position, uterine anatomy, and other factors, especially when the fetus is smaller in size. It is impossible to know prior to attempting demise whether intrafetal injection will be possible and whether it will be successful.

27. If the D & E ban were in effect, when digoxin does fail to induce fetal demise in the expected period of time after the first injection, a physician would be forced to attempt a second injection of digoxin. Performing a second injection and waiting even longer for demise is not acceptable medical practice for the vast majority of patients. Such a practice would add another day to the procedure and require the patient to make another trip to the clinic. Delaying the abortion after the cervix is dilated exposes the membranes to vaginal bacteria, and would increase the risk of uterine infection and extramural delivery. Repeating the injection of digoxin

¹⁰ See *id.* at 466, 468.

increases the risk of digoxin toxicity. To my knowledge, there is no published information to demonstrate the safety of multiple, sequential doses of digoxin to induce fetal demise.

28. For a short period following enforcement of the federal ban on “partial-birth abortions,” Oregon Health & Science University, where I teach and provide care, required digoxin injections prior to D & E procedures beginning at 18 weeks LMP. We did so to comply with the law, but we stopped after a short time—relying instead on surgical steps within our D & E procedures to avoid intact removal of the fetus that could violate the federal ban—because the injections provided no medical benefit to our patients. In my experience, digoxin failed to cause demise between 5 and 10% of the time, which is consistent with the medical literature.

KCl

29. Far less common than injections of digoxin, injections of potassium chloride, or KCl, are an option for only a small number of physicians and only in hospital settings. Such an injection must be administered directly into the fetal heart, both to be effective in causing demise and to be safe for the woman. It will cause immediate fetal demise, but it requires an extremely high skill level, typically limited to Maternal-Fetal Medicine sub-specialists after a specialized fellowship with extensive and lengthy advanced training. Inadvertent injection of KCl into the woman’s blood stream can put her into cardiac arrest.¹¹ Like digoxin, it carries risks of infection. Additionally, the magnification required to inject KCl safely requires an advanced ultrasound machine that is typically available only in a hospital setting and would be too expensive for most clinics to afford. For all these reasons, KCl is not an option for the vast

¹¹ G.A. Coke et al., Maternal Cardiac Arrest Associated with Attempted Fetal Injection of Potassium Chloride, 13 Int’l J. of Obstetrics Anesthesia 287-88 (2004).

majority of abortion providers in a clinic setting. Finally, as with digoxin, there are patients for whom it is not medically appropriate; physicians make case-by-case recommendations by weighing the respective benefits and risks for each individual patient. I am not aware of any abortion providers using KCl to cause fetal demise on a routine basis.

Cord Transection

30. Another potential method of attempting to induce demise is umbilical cord transection, in which the physician ruptures the membranes; inserts a suction tube or other instrument, such as forceps, into the uterus; and, if he or she can grasp the cord, divides it with gentle traction, which will cause demise over the course of up to 10 minutes. This significantly lengthens the evacuation procedure. This procedure requires specialized skill, is not widely practiced or researched, and it cannot be performed on every patient.

31. In occasional cases, after the physician breaks the amniotic sac, the umbilical cord is near the cervix and can be easily grasped. In other cases, the fetus blocks access to the cord and it would be very difficult and thus risky to attempt to reach it, and ultimately, it may prove impossible. At that point in the procedure, however, the patient is already dilated and the amniotic sac ruptured. The physician would have no option besides attempting to grasp the cord.

32. Attempting to grasp the cord by maneuvering the instruments around the fetus with multiple passes of instruments into the uterus and then, even if successful, waiting for demise to occur, increases the duration and the risk of the procedure. Increasing the duration of the procedure prolongs the patient's bleeding, which can be heavy, and her exposure to anesthesia. Grasping for the cord repeatedly when it is not accessible increases the risk of uterine perforation and cervical injury.

33. Further, every time they try to locate and grasp the cord, physicians may very well grasp fetal tissue instead of or in addition to cord, particularly since it is difficult if not impossible to distinguish between the fetal tissue and the very small cord once the amniotic fluid has drained out. This would be particularly difficult at earlier gestational ages. Thus, in reaching for the cord in any given patient, the physician knows he or she may be unable to avoid the banned “dismemberment” conduct.

Banning D & E Will Harm Women’s Health

34. Requiring that physicians ensure fetal demise in every case before beginning a D & E procedure places physicians in an impossible position because they cannot know prior to beginning the procedure if they will succeed or will be able to safely complete the procedure. Physicians cannot practice medicine with the unavoidable threat of criminal penalties hanging over their head. I fear that if the ban is enforced, access to second-trimester abortions will be greatly reduced in Texas.

35. Banning D & E procedures unless preceded by fetal demise undermines the safe provision of second-trimester abortion care. Attempting to cause demise using either digoxin or umbilical cord transection is virtually unstudied for patients before 18 weeks LMP, and physicians cannot rely on either method to cause fetal demise in every case even at later points in pregnancy. Thus, a physician cannot know ahead of time that it will be possible to cause fetal demise or safe to do so before any given D & E.

36. Physicians must, and are ethically obligated to, respond to each clinical situation they face based on what is in the best interests of the patient, given that patient’s individual circumstances. Medical ethics require physicians to provide care in a way that minimizes risks to the patient. This ban is ethically untenable for physicians. Making fetal demise a

precondition of D & E's bars a physician from fulfilling his or her obligation to provide care based on each patient's needs.

37. It is my opinion that S. B. 8 will harm patients by banning D & E's, thus forcing a woman either to accept an unnecessary medical procedure, remain pregnant against her will, or to undergo an induction abortion (which as I explained above, is not really an option due to their lack of availability, duration, cost, and risk of failure).

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I declare under penalty of perjury that the foregoing is true and correct.

Executed on this 18th day of July, 2017.

A handwritten signature in black ink, appearing to read "mark d nichols".

Mark D. Nichols, M.D.

Exhibit 1

CURRICULUM VITAE
OREGON HEALTH & SCIENCE UNIVERSITY

NAME	Mark D. Nichols, MD	DATE	June 19, 2017
Academic Rank:	Professor		
Department/Division:	Obstetrics and Gynecology		
Professional Address:	3181 SW Sam Jackson Park Road - UHN 50		

I. EDUCATION**Undergraduate and Graduate (Include Year, Degree, and Institution):**

1975 Bachelor of Science in Biological Sciences, University of California, Davis

Postgraduate (Include Year, Degree, and Institution):

1979 Doctor of Medicine, University of California, Davis

1979-1983 Internship and Residency
 Department of Obstetrics and Gynecology
 Oregon Health Sciences University

1990 Research Fellow
 Margaret Pyke Center, Middlesex Hospital
 University College, London, England
 (January - July)

July, 1996 Advanced Cardiac Life Support Provider Course
 American Heart Association
 Portland OR (Recertified in biannually, last in April, 2016)

Certification (Include Board, Number, Date, and Recertification):

American Board of Obstetrics and Gynecology, December 1985

Elected Fellow American College of Obstetrics and Gynecology, September 1986

Licenses (Include State, Date, Status, Number, and Renewal Date):

April 11, 1981 State of Oregon, License No. 12638, biannually renewed,

Sept. 2010 Zambia, Temporary Medical License

II. PROFESSIONAL EXPERIENCE**Academic (Include Year, Position, and Institution):**

1983 - 1993 Assistant Professor, Oregon Health Sciences University

1993 - 2003 Associate Professor, Oregon Health & Science University

2003 – present Professor, Oregon Health & Science University

Administrative (Include Year, Position, and Institution):

1983 - 1995 Assistant Director, Residency Training Program, Oregon Health Sciences University,
 Department of Obstetrics and Gynecology

1988 - 2013 Chief, Division of General Gynecology and Obstetrics, Department of Obstetrics and Gynecology,
 Oregon Health & Science University, Portland OR

2001 - 2010 Director, Family Planning Fellowship, Oregon Health & Science University, Portland OR

2010 - 2013 Co-Director, Family Planning Fellowship, Oregon Health & Science University, Portland OR

2013 – present Director Emeritus, Family Planning Fellowship, Oregon Health & Science University, Portland OR

Other (Include Year, Position, and Institution):

1994 Interim Medical Director, Planned Parenthood Columbia Willamette Affiliate
1994 - 2011 Medical Director, Planned Parenthood Columbia Willamette Affiliate
2011 - 2013 Co-Medical Director, Planned Parenthood Columbia Willamette Affiliate
1997 - 2001 Family Planning Consultant, Oregon Health Division

International Work

2010 Consultant, Population Services International, Zambia
2010 Member, Surgical Team mission to Gimbie Hospital, Ethiopia
2012 Consultant, Population Services International, Nigeria
2014 Consultant, Population Services International, Tanzania
2014 Visiting Professor, Mekelle University, Ethiopia
2015 Obstetrician, Medecins Sans Frontieres, South Sudan
2015 Consultant, Laos Nutrition Institute, Vientiane, Laos
2016 Visiting Professor, Mekelle University, Ethiopia

III. SCHOLARSHIP

Area(s) of Research/Scholarly Interest:

Family planning with particular interest in surgical and medical abortion, emergency contraception, hormonal contraception, and training fellows, residents and medical students in family planning.

Grants and Contracts:

1. R W Johnson Pharmaceutical, "A Double Blind Placebo Controlled Safety and Efficacy Study of Antocin™ for the Prolongation of Gestation," November 1994 - July 1997, \$138,654. PI: Jeff Jensen, MD, Sub PI: Mark Nichols, MD
2. The Population Council, Inc., RU-486, "Evaluation of the Efficacy, Safety and Acceptability of Mifepristone and Misoprostol in Inducing Abortion in Pregnant Women with Amenorrhea of up to 63 Days," November 1994 - December 1995 - \$209,800. PI: Mark Nichols, MD
3. Wyeth-Ayerst Laboratories and University Hospital Consortium, "Norplant Observational Cohort," June 1995 - June 2003, \$275,000. PI: Mark Nichols, MD
4. Wyeth-Ayerst Laboratories, "A Multi center, Open-Label, Randomized, Comparative Study to Evaluate the Effects of Alesse™ and Loestrin FE 1/20® on Clinical and Biomedical Measures of Androgenicity," November 1996 - June 1997, \$16,920. PI: Mark Nichols, MD
5. Parke-Davis, "A Randomized, Double Blind, Active-Controlled, Parallel Group, Multi-center Study Assessing Menstrual Cycle Control and Ovulation Suppression Associated with Vaginal Administration of Five Dose Combinations of Norethindrone Acetate and Ethynodiol Estradiol," December 1996 - March 1997, \$86,689. PI: Leon Speroff, MD, Sub PI: Mark Nichols, MD
6. Pharmacia & Upjohn, "Cyclo Provera™ Contraceptive Injection: A Comparative Study of Safety, Patient Acceptability and Efficacy to Ortho-Novum® 7/7/7, 28 Tablets," June 1997 - June 1999, \$92,556. PI: Mark Nichols

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7. Organon, "An Open Label, Multi center, Randomized, Comparative Safety, Efficacy, Cycle Control, and Quality of Life Study of CTR 25, Alesse™, and Ortho Tri-Cyclen®, April 1998 - July 1999, \$76,310. PI: Kenneth Burry, MD, Sub PI: Mark Nichols, MD
8. John Hopkins University, "Comparing Acceptability of Manual vs Electrical Vacuum Aspiration for First Trimester Induced Abortion," \$37,310. June 2000 – July 2001. PI: Mark Nichols, MD
9. Pharmacia Co. "Phase III Study of DMPA Injection (DMPA-SC) in Women with Endometriosis in the US and Canada" \$42,480. January 2000 - January 2001. PI: Mark Nichols
10. Galen Holdings "A Multi-center, Randomized Controlled Double-Blind Study to Determine Efficacy in the Relief of Hot Flushes in Women Receiving Oral Estradiol" \$23,527. Sept. 2001 – Aug. 2002. PI: Leon Speroff, MD, Sub-PI: Mark Nichols, MD
11. Organon-Thebes "A Multinational, Multi-center, Randomized Controlled Trial, to Assess the Endometrial Histological Profile Following Treatment with Tibolone (ORG 0D14) Versus Conjugated Estrogen (CE) Plus Medroxyprogesterone Acetate (MPA) in Postmenopausal Women" \$138,000. PI: Jeffrey Jensen, MD, Sub PI: Mark Nichols, MD
12. Pfizer Care "A Randomized, Double Blind, Multi-Center, 24 Week Study to Assess Cumulative Amenorrhea in Postmenopausal Women Taking Femhrt® and Prempro®". \$37,275. PI: Leon Speroff, MD, Sub-PI: Mark Nichols, MD
13. Buffett Foundation Grant. "Intrauterine Lidocaine Infusion for Pain Management in First Trimester Abortions" \$48,000. June 2002 – June 2003 PI: Alison Edelman, MD Sub PI: Mark Nichols, MD
14. Buffett Foundation Grant. "Continuous Oral Contraceptive Pills: Are Bleeding Patterns Dependent on the Hormone Chosen?" \$51,000. PI: Alison Edelman, MD Sub PI: Mark Nichols, MD

Publications/Creative Work:

Peer-reviewed

1. Nichols, M. Diagnosing Breast Disease, *West. J. Med.*, 148:324, 1988.
2. Novy MJ, Haymond J, Nichols M. Shirodkar Cerclage in a Multifactorial Approach to the Patient with Advanced Cervical Changes, *AJOG*, 162:1412-20, 1990.
3. Nichols MD. Review of Vulvar Ulcers, *Postgraduate Obstet. Gynecol.*, 11(No. 7):1991.
4. Nichols M, Robinson GER, Bounds W, Johnson J, Upward E, Newman B, Guillebaud J. Effect of Four Combined Oral Contraceptives on Blood Pressure in the Pill-Free Interval, *Contraception*, 47:367-76, 1993.
5. Thurmond A, Weinstein A, Jones M, Jensen J, Nichols M. Localization of Contraceptive Implant Capsules for Removal, *Radiology*, 193:580-581, 1994.
6. Carp H, Jayaram A, Vadhera R, Nichols M, Morton M. Epidural Anesthesia for Cesarean Delivery and Vaginal Birth After Maternal Fontan Repair: Report of Two Cases, *Anesth Analg*, 78:1190-2, 1994.
7. Nichols M. Curriculum Change in an OB/GYN Residency Program and It's Impact on Pregnancy in Residency, *AJOG*, 170:1658-65, 1994.

8. Winikoff B, Ellertson C, Elul B, Sivin I; for the Mifepristone Clinical Trials Group. Acceptability and Feasibility of Early Pregnancy Termination by Mifepristone-Misoprostol. Results of Large Multi center Trial in the United States, *Arch Fam Med*, 7:360-6, 1998. (Member of the Mifepristone Clinical Trials Group)
9. Spitz IM, Bardin CW, Benton L, Robbins A. Early Pregnancy Termination with Mifepristone and Misoprostol in the United States, *New Eng J Med*, 338:1241-7, 1998. (Cited as Principal Investigator)
10. Jensen JT, Astley SJ, Morgan E, Nichols MD. Outcomes of Suction Curettage and Mifepristone Abortion in the United States, *Contraception*, 59(3):153-9, 1999.
11. Kaunitz AM, Garceau RJ, Cormie MA, Lunelle Study Group (Member). Comparative Safety, Efficacy and Cycle Control of LUNELLE Monthly Contraceptive Injection (Medroxyprogesterone Acetate and Estradiol Cypionate Injectable Suspension) and Ortho-Novum 7/7/7 Oral Contraceptive (Norethindrone/Ethinyl Estradiol Triphasic), *Contraception*, 60:179-187, 1999.
12. Thorneycroft IH, Stanczyk FZ, Bradshaw KD, Ballagh SA, Nichols m, Weber ME. Effect of Low-dose Oral Contraceptives on Androgenic Markers and Acne, *Contraception*, 60:255-62, 1999.
13. Paul M, Schaff E, Nichols M. The Roles of Clinical Assessment, Human Chorionic Gonadotropin Assays, and Ultrasonography in Medical Abortion Practice, *Am J Obstet Gynecol*, 183(2):S34-S43, 2000.
14. Borgatta L, Burnhill M, Haskell S, Nichols M, Leonhardt K. Instituting Medical Abortion Services: Changes in Outcome and Acceptability Related to Provider Experience, *JAMWA*, 55:173-6, 2000.
15. Westhoff C, Dasmahapatra R, Winikoff B, Clarke S, and the Mifepristone Clinical Trials Group. Predictors of analgesia use during supervised medical abortion. *Contraception* 2000;61:225-229 (Member of the Mifepristone Clinical Trials Group)
16. Bird ST, Harvey SM, Nichols M. Comparing the Acceptability of Manual Vacuum Aspiration and Electric Vacuum Aspiration as Methods of Early Abortion. *JAMWA* 56: 124-126;2001
17. Edelman AT, Nichols MD, Jensen J. Comparison of pain and time of procedures with two first-trimester abortion techniques performed by residents and faculty *Am J Obstet Gynecol* 184:1564-7;2001
18. Nichols M, Edelman A. RU 486 for Primary Care Providers. *Primary Care Reports* , 7:89-95;2001
19. Phair N, Jensen J, Nichols M. Paracervical block and elective abortion: The effect of waiting between injection and procedure pain. *Am J. Obstet. Gynecol.* 186:1304-7;2002
20. Nichols M, Morgan E, Jensen J. Comparing bimanual pelvic examination to ultrasound measurements for the assessment of gestational age in the first trimester of pregnancy. *Journal Repro Med* 50:825-8;2002
21. Kwiecien M, Edelman A, Nichols MD, Jensen JT. Bleeding patterns and patient acceptability of standard or continuous dosing regimens of a low dose oral contraceptive: a randomized trial. *Contraception* 67:9-13;2003
22. Edelman A, Jensen J, Nelson E, and Nichols M. Cannula fracture in first trimester abortion: a case report and survey of National Abortion Federation providers. *Contraception* 67:49-51;2003
23. Bird ST, Harvey SM, Beckman LJ, Nichols MD, Rogers K, and Blumenthal PD. Similarities in Women's Perceptions and Acceptability of Manual Vacuum Aspiration and Electric Vacuum Aspiration for First Trimester

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25. Edelman A.B., Jensen J.T., Lee D.M., Nichols M.D. Successful medical abortion of a pregnancy within a non-communicating rudimentary uterine horn. *AJOG* 189:886-7;2003
26. Emmons S, Adams KE, Cain JM, Nichols M. The impact of perceived gender bias on obstetric and gynecology skills acquisition by third year medical students. *Academic Medicine*, 79:1-7;2004
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28. Smits AK, Clark EC, Nichols MD, Saultz JW. Factors Influencing Cessation of Maternity Care in Oregon. *Family Medicine* 36:87-92;2004
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43. Bednarek PH, Nichols MD, Carlson N, Edelman AB, Creinin MD, Truitt S, Jensen JT. Effect of "Observed Start" versus traditional "Sunday Start" on hormonal contraceptive continuation rates after medical abortion. *Contraception* 78:26-30,2008
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50. Renner RM. Jensen JT. Nichols MD. Edelman A. Pain control in first trimester surgical abortion. *Cochrane Database of Systematic Reviews*. (2):CD006712, 2009.
51. Kaneshiro B, Jensen JT, Carlson N, Nichols M, Edelman A. Treatment of Unscheduled Bleeding in Continuous Oral Contraceptive Users With Doxycycline: A Randomized Controlled Trial. *Obstet Gynecol*. 115(6):1141-9, 2010 Jun
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61. Goldthwaite LM; Baldwin MK; Page J; Micks EA; **Nichols MD**; Edelman AB; Bednarek PH. Comparison of interventions for pain control with tenaculum placement: a randomized clinical trial. *Contraception*. 89(3):229-33, 2014 Mar.
62. Krashin JW; Edelman AB; **Nichols MD**; Allen AJ; Caughey AB; Rodriguez MI. *American Journal of Obstetrics & Gynecology*. 211(1):76.e1-76.e10, 2014 Jul.
63. Bayer LL; Edelman AB; Fu R; Lambert WE; **Nichols MD**; Bednarek PH; Miller K; Jensen JT. An Evaluation of Oral Midazolam for Anxiety and Pain in First-Trimester Surgical Abortion: A Randomized Controlled Trial. *Obstetrics & Gynecology*. 126(1):37-46, 2015 Jul.
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65. Baldwin MK; Edelman AB; Lim JY; **Nichols MD**; Bednarek PH; Jensen JT. Intrauterine device placement at 3 versus 6 weeks postpartum: a randomized trial. *Contraception*. 93(4):356-63, 2016 Apr.

Non-peer-reviewed

1. Nichols MD. Formal Discussant. An Obstetric and Gynecologic Clerkship's Influence on a Medical Community, *Am J Obstet Gynecol*, 176:1363-8, 1997.
2. Nichols, MD. Formal Discussant. Real-time Ultrasonographically Guided Removal of Nonpalpable and Intramuscular Norplant Capsules, *Am J Obstet Gynecol*, 178:1185-93, 1998.

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3. Nichols, MD. Formal Discussant. Cytologic evaluation of non-bloody breast cyst fluid. *Am J Obstet Gynecol, Am J Obstet Gynecol*, 182:1300-5, 2000
4. Nichols, MD. Letter to the Editor, "Fewer Abortions would be needed". *Oregonian*, June 15, 2001
5. Nichols, MD. Methotrexate for management of a pregnancy in a non-communicating uterine horn. Letter to the editor. *Journal Repro Med* 50:878-9;2002
6. Nichols, MD. Clinical Trials Report, *Current Women's Health Reports*, 2:407-408;2002
7. Reeves MF; Blumenthal PD; Jones RK; **Nichols MD**; Saporta VA. New research at the 2014 National Abortion Federation Annual Meeting: continuously improving abortion care. *Contraception*. 89(5):339-40, 2014 May.
8. Reeves MF; Blumenthal PD; Jones RK; **Nichols MD**; Saporta VA. New research at the 2015 National Abortion Federation Annual Meeting: putting research into practice. *Contraception*. 91(5):359, 2015 May.

Publications (submitted)

Chapters

1. Nichols M. "Faculty Ownership". In: *Teaching and Evaluating Clinical Skills*, 1995, APGO.
2. Nichols M, Halvorson-Boyd G, Goldstein R, Gevirtz D and Heallow D. "Pain Management" in *Management of Unintended and Abnormal Pregnancy*. Wiley –Blackwell, 2009

Abstracts

1. Thulin PC, Carter JH, Nichols MD, Kurth M, Nutt JG. Menstrual-cycle Related Changes in Parkinson's Disease, *Neurology*, 46:A376, 1996.
2. Fossum GT, Thomas M, Wise R, Nichols M, Sinofsky F, Pasquale S. Preliminary Evaluation of a New Instrument Design for the Removal of Norplant Capsules.
3. Bird ST, Harvey SM, Nichols MD. Women's Acceptability of Manual Vacuum Aspiration (MVA: An Exploratory Study of Abortion Patients in Portland, Oregon.
4. Romm J, Nichols M. The Men's Group: Discussion Group for Male OB/GYN Residents, International Society of Psychosomatic Obstetrics and Gynecology, June 1998, Washington DC.
5. Stanczyk FZ, Bradshaw KD, Ballagh BA, Nichols MD, Thorneycroft, LH. Effect of Oral Contraceptive Progestins on Production of Ovarian, Adrenal and Peripheral Androgens, European Society of Contraception, June 1998, Prague.
6. Sheryl Thornbird PhD, Marie Harvey DrPH, Linda Beckman, PhD, Mark Nichols, MD, Paul Blumenthal. MD. Men's involvement in abortion: Perceptions of women having abortions in three U.S. cities Population, Family Planning, and Reproductive Health section of the 130th Annual APHA Meeting, Philadelphia, PA November, 2002.
7. Singh RH, Nichols MD, Rogers K, Ghanem KG, & Blumenthal Pd. Subjective predictors of pain in women

undergoing electrical vacuum aspiration (eva) versus manual vacuum aspiration (mva) for first trimester abortion. Assoc. of Reproductive Health Professionals Annual meeting, Tampa FL, Sept. 2005

8. Edelman A, Nichols M, Leclair C, & Jensen JT. 4% intrauterine lidocaine infusion for pain management in first trimester abortions. Assoc. of Reproductive Health Professionals Annual meeting, Tampa FL, Sept. 2005.
9. Drath E, Nichols M, & Edelman A. Ultrasound, Twin Gestation, and Abortion Decision Making: Patients and Providers. NASPOG Annual Scientific Meeting, February, 2006, Hawaii
10. Bednarek P, Nichols M, Edelman A, Jensen JT, Truitt S, Creinin MD. Effect of observed start compared with Sunday start on contraceptive continuation after medical abortion. *Obstet Gynecol* 2007, supp 57S.

Audio Presentations

1. "RU-486," Audio-Digest Obstetrics and Gynecology, Vol. 41, No. 8, April 19, 1994
2. "Family Planning/STD Case Consultation," Center for Health Training, June 7, 1999
3. "Legal and Medical Implications of the Federal Abortion Ban" Podcast from Lewis & Clark Law School, Portland, OR Jan. 2006

Posters

1. Nichols MD, Kirk EP. Resident Retreat: A Stress Reducer and Morale Booster, CREOG and APGO Meeting, March 1991, Orlando, FL
2. Thomas L, Nichols MD. Ultrasound Evaluation of the Post Mifepristone Abortion Patient, Pacific Coast Obstetrical and Gynecological Society, Sunriver OR, 1996
3. Edelman A, Nichols MD. Comparison of Resident and Faculty Performed Abortions using Two Different Abortion Techniques, District VIII Meeting, American College of Obstetricians and Gynecologists, Anchorage AK, August 2000
4. Edelman A, Nichols MD. Comparison of Resident and Faculty Performed Abortions using Two Different Abortion Techniques, District VIII Meeting, American College of Obstetricians and Gynecologists, Anchorage AK, August 2000.
5. Phair N, Jensen J, Nichols M. Paracervical block and elective abortion: The effect of waiting between injection and procedure pain, PCOGS Annual meeting, Ashland OR, October, 2001. Received award as best poster of the meeting.
6. Lew R, Edelman A, Cwiak C, Jensen J, Nichols M. Acceptability of Contraceptive-Induced Amenorrhea in American Women, ACOG Annual Clinical Meeting, San Francisco, May 2005.
7. Koontz, Edelman A, Jensen J, Nichols M. Continuous Oral Contraceptives: Are Bleeding Patterns Dependent on the Hormones Given? ACOG Annual Clinical Meeting, San Francisco, May 2005.
8. Paula Bednarek, MD, Mark Nichols, MD, Alison Edelman, MD, MPH, Jeffrey T. Jensen, MD, MPH, Sarah Truitt, MD, Mitchell D. Creinin, MD. Effect of "Observed Start" versus "Sunday Start" on hormonal contraception continuation after medical abortion. ACOG Annual Clinical Meeting, San Diego, May 2007

Invited Lectures, Conference Presentations or Professorships (since promotion to Associate Professor):

Local (Selected)

1. "IUD Review," Grand Rounds, Kaiser Sunnyside Hospital, Department of Obstetrics and Gynecology, January 1993.
2. "Breast Disease for the Gynecologist," Langley Memorial Lectures, Portland OR, February 1993.
3. "Second Trimester Abortion Technique," Grand Rounds, Bess Kaiser Hospital, Obstetrics and Gynecology Department, April 1993.
4. "RU-486," City Club of Portland, July 1994.
5. "Circumcision Review," Grand Rounds, OHSU, Department of Obstetrics and Gynecology, June 1995.
6. "Abortion" and "Breast Disease," OHSU, Nursing School Advanced Gynecology Course, October 1995.
7. "Emergency Management of Vaginal Bleeding," St. Vincent Hospital, January 1996.
8. "Trauma in Pregnancy," OHSU, Emergency Medicine Residents, September 1996.
9. "Contraception Review," OHSU, Internal Medicine Residents, January 1997.
10. "Management of Miscarriages," OHSU, Student Health Service, January 1997.
11. "Contraception and World Population," Portland State University Population Control Class, January 1997.
12. "Emergency contraception: Coca-Cola to Mifepristone," Grand Rounds, OHSU, Department of Obstetrics and Gynecology, April 1997.
13. "First Trimester Bleeding," OHSU, Emergency Medicine Residents, June 1997.
14. "Approach to Dysfunctional Uterine Bleeding," Grand Rounds, OHSU, Internal Medicine Department, March 1998.
15. "Medical Abortion Review," Kaiser Grand Rounds, Clackamas OR, December 1998.
16. "Update on Emergency Contraception and Medical Abortion," Grand Rounds, OHSU, Department of Obstetrics and Gynecology, January 1999.
17. "Emergency Contraception," OHSU, School of Nursing, Graduate Program, January 1999.
18. "Emergency Contraception," Planned Parenthood, Columbia/Willamette Affiliate, Portland OR, March 1999.
19. "Emergency Contraception," Mt. Hood Medical Center, OB/GYN and Pediatrics Department Meeting, June 1999.
20. "Abnormal Uterine Bleeding," Grand Rounds, OHSU, Department of Obstetrics and Gynecology, July 1999.
21. "Medical Abortion Review," St. Vincent Medical Center Ob/Gyn Dept., Portland OR, October 1999.

22. Norplant/IUD Training, Clinicians from Lane, Linn, Josephine, Tillamook, Marion, Coos, Polk, Lincoln, Malheur, Douglas, Washington, Multnomah and Klamath Counties and Planned Parenthood, Portland OR, November 1999.
23. "Review of Emergency Contraception," Tuality Hospital, Hillsboro OR, March 2000.
24. "Wedge Issues of Choice," NARAL Leadership Training, Unitarian Church, Portland OR, April 2000.
25. "Emergency Contraception" Emanuel Hospital, Ob/Gyn Department, June 2000
26. "Emergency Contraception" Center for Women's Health, OHSU, September 2000
27. "Mifepristone: FDA Approval and Review," OHSU, Grand Rounds, Department of Obstetrics and Gynecology, October 2000.
28. "RU486," OB/GYN Department Educational Conference, Providence St. Vincent Medical Center, Portland OR, March 2001.
29. "Review of Emergency Contraception". Pediatric Department, Emanuel Hospital, Portland, OR, February, 2002
30. "Contraceptive Update: What's New?" OHSU, Grand Rounds, Department of Obstetrics and Gynecology, March 2002.
31. "Women seeking abortion care. Are they discriminated against?" Reed College VOX course, Portland, OR, March, 2002.
32. "Update in Contraception" Lorenzen Women's Physician Forum, Portland, OR, November 2002
33. "Update in Contraception" Grand Rounds, Good Samaritan Hospital, Portland, OR, February 2003
34. "Becoming an abortion provider" Reed Vox seminar, Reed College, Portland, OR, April, 2003
35. "Planned Parenthood Update" SW Washington Medical Center, Ob/Gyn Department Grand Rounds, Vancouver, WA, June, 2003
36. "Update on Contraception", Student Health Center, OHSU, November 2003
37. "IUD Review", Legacy Hospital CNM Department, Portland, OR February 2004
38. "Oral Contraceptive Update", St. Vincent Medical Center, Resident teaching conference, Portland, OR, March 2004
39. "Essure device for female sterilization", SW Washington Med. Center, Ob/Gyn dept. Grand Rounds, Vancouver, WA, Jan. 2005
40. "Transcervical Female Sterilization", East Portland Rotary Club, Portland, OR Jan. 2005
41. "Legal and Medical Implications of the Federal Abortion Ban" Lewis & Clark Law School, Portland, OR Jan. 2006
42. "Pain Management of Gynecologic Procedures" Grand Rounds, OHSU Ob/Gyn department, Portland, OR Oct.

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2008

43. "Management of Breech Presentation" Grand Rounds, OHSU Ob/Gyn department, Portland, OR Sept 2009
44. "Alternatives to Hysterectomy" Brown Bag Lecture, OHSU, Portland, OR October 2009
45. "Pain management for gynecologic procedures", Grand Rounds Dept of Anesthesiology, OHSU, September 2010.

Regional

1. "Norplant Review and Insertion Training," Washington Academy of Family Practice Review Course, Spokane WA, April 1993.
2. "Gynecology for the Primary Care Provider: Preventive Health Care," Primary Care Conference, Sunriver OR, June 1993.
3. "Contraception for Patients with Chronic Health Problems," Nurse Practitioners of Oregon, September 1995.
4. "RU-486 Review," Ashbury Memorial Lectureship, Guest Speaker, Corvallis OR, November 1995.
5. "Common Gynecologic Problems and the Internist," 3rd Annual Internal Medicine Review Course, April 1996.
6. "Contraceptive Update," Family Planning Conference, Eugene OR, September 1996.
7. "Gynecological Procedures," 28th Annual Family Practice Review, Portland OR, February 1997.
8. "Contraception," 28th Annual Family Practice Review, Portland OR, February 1997.
9. "Family Planning," Reproductive Health Conference 1997, Portland OR, March 1997.
10. "Elective Abortions: RU-486 and Methotrexate," Reproductive Health Conference, Portland OR, March 1997.
11. "Medical Abortion," 5th Annual Oregon Section ACOG Update in Obstetrics, Gynecology, and Primary Care, Bend OR, April 1997.
12. "Hormonal Contraception for Females: Recommendations and Guidelines," Endocrine Conference, Ashland OR, August 1997.
13. "Emergency Contraception: From Coca-Cola to Mifepristone," 21st Annual Pacific NW Review of OB-GYN, Portland OR, October 1997.
14. "Office Gynecology," 29th Annual Family Practice Review, Portland OR, February 1998.
15. "IUD Insertion Technique," Roseburg OR, March 1998.
16. "Office Gynecology," 5th Annual Internal Medicine Review, Portland, April 1998.
17. "Contraceptive Overview," Planned Parenthood, Eugene OR, November 1998.
18. "Emergency Contraception," 30th Annual Family Practice Review, Portland OR, February 1999.

19. "Gynecologic Procedures," 30th Annual Family Practice Review, Portland OR, February 1999.
20. "Emergency Contraception," Oregon Section, ACOG 6th Annual Meeting, Sunriver OR, April 1999.
21. "Emergency Contraception: New Innovations," Center for Health Training, 28th Annual Clinical Update, Portland OR, April 1999.
22. "Emergency Contraception," Sacred Heart Medical Center, 1st Annual Primary Care Conference, Eugene OR, May 1999.
23. "Update in Contraception," Sacred Heart Medical Center, 1st Annual Primary Care Conference, Eugene OR, May 1999.
24. "Laparoscopic Tubal Ligation Techniques," 23rd Annual Pacific NW Review of OB-GYN, Portland OR, October 1999.
25. "Impact of Religious Hospital Mergers on Training Residents in Abortion Care." Toward Rational Living Conference, Portland OR, November 1999.
26. "Gynecology: Office Procedures," 31st Annual Family Practice Review, Portland, February 2000.
27. "RU486 in OB/GYN," Women's Health Care Symposium, Eugene OR, September 2000.
28. "Savvy About Sex," Martha Browning Bryant Memorial Lecture, Oregon Chapter of The American College of Nurse-Midwives, October 2000.
29. "Emergency Contraception," Institute of Women's Health and Integrative Medicine, October 2000.
30. "Update on Pap Smears" Family Practice OB Ski and Women's Health Conference, Bend OR, January 2001.
31. "Gynecological Skills Workshop", Family Practice OB Ski and Women's Health Conference, Bend OR, January 2001.
32. "Gynecology: Office Procedures," 32nd Annual Family Practice Review, OHSU, February 2001.
33. "Dysfunctional Uterine Bleeding," 8th Annual Internal Medicine Review, April 2001.
34. "Sonohysterography or SIS (Saline Infusion Sonography)," 8th Annual Oregon ACOG Update in Obstetrics and Gynecology, Bend OR, April 2001.
35. "Where are we with RU-486" Oregon Nurses Association/Nurse Practitioners of Oregon, 24th Annual Meeting, Eugene, OR Sept. 2001
36. "Pharmacology of Oral Contraceptives", OHSU with 4 remote sites, Nurse Practitioner curriculum, Oct. 2001
37. "Laparoscopic Supracervical Hysterectomy: Making the Recovery Even Faster". 25th Annual Pacific Northwest Review Conference, Portland OR, November 2001
38. "Review of Emergency Contraception", Oregon Pharmacology Association, Nov. 2001

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39. "Intrauterine contraception" Nurse Practitioner Training Course, Portland, OR, Jan. 2002
40. "What's new in contraception?" Montana section ACOG Annual Meeting, Big Sky, MT, Feb. 2002
41. "RU-486 in Ob/Gyn", Montana section ACOG Annual Meeting, Big Sky, MT, Feb. 2002
42. "Review of Emergency Contraception", Montana section ACOG Annual Meeting, Big Sky, MT, Feb. 2002
43. "What's New in Contraception", 33rd Annual Family Practice Review, Portland, February, 2002
44. "Gynecologic Procedures" 33rd Annual Family Practice Review, Portland, February, 2002
45. "Update on Contraception" Good Samaritan Hospital, Corvallis, OR, March 2002
46. "RU-486 in Ob/Gyn" Good Samaritan Hospital, Corvallis, OR, May, 2002
47. "Labor Inductions" OAFP Women's Health Conference, Bend, OR, Jan. 2003
48. "The new IUD" OAFP Women's Health Conference, Bend, OR, Jan. 2003
49. "Update in Contraception" Reproductive Health Conference, Portland, OR, March 2003
50. "IUD training" Reproductive Health Conference, Portland, OR, March 2003
51. "Essure Device for Tubal Sterilization" 10th Annual Oregon ACOG Update in Obstetrics and Gynecology, Bend OR, April 2003.
52. "Update on Contraception for the New Millenium" Women's Health Care Symposium, Eugene, OR, May 2003
53. "Trans-Cervical Sterilization: A review of the Essure device" 27th Annual Pacific NW Review of OB-GYN, Portland OR, October 2003.
54. "Medical Abortion Review" National Abortion Federation Course, Portland, OR, October, 2003
55. "What's New in Contraception", 35th Annual Family Practice Review, Portland, February, 2004
56. "Gynecologic Procedures" 35th Annual Family Practice Review, Portland, February, 2004
57. "IUD Training" Center for Health Training, Portland, OR October, 2004
58. "Why Women Wait". Western Regional meeting of Medical Students for Choice, Portland, October, 2004
59. "MVA Training Sessions" Western Regional meeting of Medical Students for Choice, Portland, October, 2004
60. "Ultrasound in Medical Abortion" Sponsored by NAF , Portland, OR, November, 2004
61. "Gynecologic Procedures" 36th Annual Family Practice Review, Portland, February, 2005
62. "Contraceptive Update" 36th Annual Family Practice Review, Portland, February, 2005
63. "Alternatives to Hysterectomy" 36th Annual Family Practice Review, Portland, February, 2005

64. "Looking in the Future: New Contraceptive Methods" Reproductive Health Conference, Portland, OR, March 2005
65. "Shortage of Abortion Providers in the U.S." Students for Choice conference, Willamette University, Jan. 2006
66. "Gynecology Procedures" 37th Annual Family Practice Review, Portland, February, 2006
67. "Review of Medical Abortion" Pacific Northwest Review Course, Portland, OR October, 2006
68. "Implanon training" Sponsored by Implanon, Portland, OR March, 2007
69. "Review of Contraceptive Implants" Reproductive Health 2007, Portland, OR March 2007
70. "Management of Early Pregnancy Failure", Nurse Practitioners of Oregon annual meeting, Hood River, OR Oct. 2008
71. "Medical Abortion", Nurse Practitioners of Oregon annual meeting, Hood River, OR Oct. 2008
72. "Addressing the abortion provider shortage" Western regional meeting, Medical Students for Choice, Portland, OR, April 2009

National

1. "IUD Review," Grand Rounds, University of Maryland, Obstetrics and Gynecology Department, February 1993.
2. "IUD Review," Grand Rounds, Pennsylvania Hospital, Obstetrics and Gynecology Department, May 1993.
3. "IUD Review," Grand Rounds, Maricopa County, Obstetrics and Gynecology Department, June 1993.
4. "OB/GYN Review Course," Loma Linda University, Guest Faculty, Yosemite CA, April 1995.
5. "Incorporating Abortion Training Into the Ob/Gyn Residency Curriculum," National Abortion Federation Conference, Baltimore MD, November 1998
6. "Second Trimester Abortion Technique" and "Abortion Providers Panel: Incorporating Abortion Care Into Your Practice," Medical Students for Choice, 6th Annual Meeting, Atlanta, GA, April 1999.
7. "Fine Needle Aspiration for the Evaluation of Breast Masses," National Medical Committee Planned Parenthood Federation of America, Dallas TX, Sept. 1999.
8. "Parenteral Estrogen and Progestin Contraceptive: a Review," Risk Management Seminar, National Abortion Federation, Denver CO, Sept. 1999.
9. "Faculty Models" National Abortion Federation Resident Training Workshop, New Orleans LA, February 2000.
10. "Building Support in Your Department & Negotiating the Contract: From a Residency Program Perspective," National Abortion Federation Resident Training Workshop, New Orleans LA, February 2000.
11. "Background/Historical Context," "Medications: Mifepristone, Misoprostol and Methotrexate," "Protocol,"

"Patient Management," National Abortion Federation & Planned Parenthood Federation of America
 "Mifepristone 2000," Pleasant Hill CA, March 2000.

12. "Required Training in Abortion" Training in Abortion: The Next Level, Washington DC, October 2000
13. "Family Planning Fellowships and Planned Parenthood", PPFA National Medical Committee, Washington DC, December, 2001
14. "Evidence Based Regimen for mifepristone abortions" National Abortion Federation Annual Meeting, San Jose, CA, April 2002
15. "Faculty Models" National Abortion Federation Residency Training Workshop, Phoenix, AZ, December 2002
16. "The Who-What-When-How of Training" National Abortion Federation Residency Training Workshop, Phoenix, AZ, December 2002
17. "Gender Discrimination in Obstetrics and Gynecology: the Impact on recruiting men and retaining women" APGO Faculty Development Seminar, Kapalua, Maui, January 2003
18. "Clinical Issues in First Trimester Abortion", Medical Students for Choice, Annual Meeting, Seattle, WA, April 2003
19. "Clinical Issues in Second Trimester Abortion", Medical Students for Choice, Annual Meeting, Seattle, WA, April 2003
20. "Medical Student and Resident Education in Abortion" National Abortion Federation, Annual Meeting, Seattle, WA, April 2003
21. "The Who-What-When-How of Training", National Abortion Federation Residency Training Workshop, Chicago, March, 2004
22. "Alternatives to Hysterectomy" Medica Symposia Conference, Maui, Hawaii, December, 2004
23. "Contraceptive Options for Women over 40" Medica Symposia Conference, Maui, Hawaii, December, 2004
24. "Gynecologic Procedures" Medica Symposia Conference, Maui, Hawaii, December, 2004
25. "Workup and Management of Postmenopausal Bleeding" Medica Symposia Conference, Maui, Hawaii, December, 2004
26. "Transcervical Female Sterilization", PPFA Medical Directors Conference, Steamboat Springs, CO, March, 2005
27. "Multi-site Studies", Family Planning Fellowship Directors Meeting, San Francisco, CA, May, 2005
28. "Infections in Medical Abortion" Annual Meeting of the National Abortion Federation, San Francisco, CA April, 2006
29. "Technique of IUD insertion to minimize perforation risk" PPFA teleconference, November 2006
30. "Requiring abortion training in Ob/Gyn residency: Does it effect recruitment?" 34th Annual national meeting of the North American Society for Psychosocial Obstetrics and Gynecology, Portland, OR February 2007

31. "First Trimester Abortion Technique", Medical Students For Choice National Meeting, Tampa, FL, March 2007
32. "Review of Essure Procedures", ASRM, Washington DC, October 2007
33. "Abortion training in Ob/Gyn Residencies" Medical Students for Choice National Meeting, Minneapolis, MN, April 2008
34. "OHSU Feticide Policy" Family Planning Fellowship Annual meeting, New Orleans, LA, May 2008
35. "Balancing Life and Work Panel" ARHP annual meeting, Washington DC, Sept 2008
36. "Update on pain management in surgical abortion". National Abortion Federation annual meeting, Portland, OR, April, 2009.
37. "Management of the non-lethal anomaly". National Abortion Federation annual meeting, Portland, OR, April, 2009.
38. "Pain Management of Gynecologic Procedures" Grand Rounds, Northwestern University, Ob/Gyn department, Chicago, IL May 2009
39. "Essure Review", American Society of Reproductive Medicine annual meeting, Atlanta GA, October 2009
40. "Issues in second trimester abortion", MSFC annual meeting, Salt Lake City, UT, November 2009
41. "Practitioners Perspective Panel", MSFC annual meeting, Salt Lake City, UT, November 2009
42. "Abortion Panel", MEDC meeting, Salt Lake City, UT, March 2010
43. "IUD Review", Grand Rounds, University of Utah Department Ob/Gyn, Salt Lake City, UT, March 2010
44. "Hysteroscopic Sterilization Review" MEDC annual meeting, Las Vegas, NV, March 2011
45. "Patient Safety in Abortion Care", MEDC annual meeting, Las Vegas, NV, March 2011
46. "Pain management in gyn procedures" Grand Rounds, Dept Ob/Gyn, Wayne State University, Detroit MI, March 2011
47. "Values clarification workshop" Residents, Dept Ob/Gyn, Wayne State University, Detroit MI, March 2011

International

1. "Background/Historical Context," "Medications: Mifepristone, Misoprostol and Methotrexate," "Protocol," "Patient Management," National Abortion Federation & Planned Parenthood Federation of America "Mifepristone 2000," Vancouver BC. September 2000
2. "IUD Review", Grand Rounds, Ob/Gyn Department, University of Zambia, Lusaka, Zambia, September 2010
3. "Contraception Review" Hospital Staff Meeting, Gimbie Adventist Hospital, Gimbie Ethiopia, November 2010

4. "Post abortion IUCDs to reduce subsequent pregnancies" International Family Planning Conference, November 2011, Dakar, Senegal
5. "Update on USA contraception research" Shanghai Institute of Planned Parenthood Researchach, October 2013

IV. SERVICE

Membership in Professional Societies:

Oregon Medical Association, 1983 - present

American College of Obstetrics and Gynecology, Oregon Section, 1983-present

Multnomah County Medical Society, 1983 - present

Association of Reproductive Health Professionals, 1983 - present

Association of Professors in Gynecology and Obstetrics, 1983 - 1993

American Fertility Society, Elected 1984

National Abortion Federation 1996 - present

National Abortion Rights Action League, 1987 - present

Pacific Northwest Obstetrical and Gynecological Society, 1989 - present

Pacific Coast Obstetrical and Gynecological Society, 1993 – present

Society of Family Planning, 2005 - present

Appointed or Elected Positions in Professional Societies:

American College of Obstetrics and Gynecology, Oregon Section

Advisory Committee Member, 1984-1987

Program Coordinator, 1984-1987

Vice Chair, 1997-2000

Chair, 2000-2003

Program Chair, Annual Meeting, April 1998

Program Chair, Annual Meeting, April 1999

Program Chair, Annual Meeting, April 2000

Program Chair, Annual Meeting, April 2001

Program Chair, Annual Meeting, April 2002

Program Chair, Annual Meeting, April 2003

American College of Obstetrics and Gynecology, District VIII

Advisory Council member, 1997-2003

Junior Fellow Advisor, 2000-2003

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Association of Reproductive Health Professionals

Program Planning Committee, 1998
Co-Chair, Planning Committee, 2009

National Abortion Federation

Co-Chair, Risk Management Seminar, 1999
Co-Chair of Scientific Session at NAF National Meeting
Atlanta GA, April 1998
Vancouver BC, April 1999
Pittsburgh PA, April 2000
St. Louis MO, April 2001
San Jose, CA, April 2002
Seattle, WA, April 2003
New Orleans, LA, April 2004
Montreal, Canada, April 2005
San Francisco, CA, April 2006
Boston, MA, April 2007
Minneapolis, MN, April 2008
Portland, OR, April 2009
Philadelphia, PA, April 2010
Chicago, IL, April 2011
Vancouver BC, April 2012

Pacific Coast Obstetrical and Gynecological Society

Program Chair, 1998 meeting
Member program committee, 1997-2003
Program Chair, 2001 meeting

Society for Family Planning

President Elect, 2007-2009
Chair Scientific Committee, 2007-2009
President, 2009-2011
Immediate Past President, 2011-2013

Editorial and Ad Hoc Review Activities:

Member, Editorial Board

Contraception

Journal Reviewer

American Journal of Obstetrics and Gynecology
Obstetrics and Gynecology
Journal of American Women's Association (JAMWA)
British Journal of Obstetrics and Gynecology
New England Journal of Medicine
International Journal of Obstetrics and Gynecology
Contraception

Section Editor

Current Women's Health Reports, General Gynecologic Issues Section, 2001, 2002, and 2003

Committees:

International/National

Norplant Training in the Community, Panel Member, Dallas, Texas, April 1996

Planned Parenthood Federation of America

National Medical Committee, April 1996 - 2002

Primary Care Subcommittee, April 1996 - 2002

Nominating Committee, 1997, 1999

Chair, Nominating Committee, 2001

National Abortion Federation

Planning Committee, Risk Management Seminar, Denver CO, September 1999

American College of Obstetrics and Gynecology,

Oregon Section

Advisory Committee Member, 1984-1987

District VIII

Advisory Committee 2000-2003

Junior Fellow Advisor 2000-2003

Association of Reproductive Health Professionals

Program Planning Committee, 1998, 2008

Regional

Pacific Coast Obstetrical and Gynecological Society, 1993 - present

Member program committee, 1997-2003

Institutional

OHSU School of Medicine

Grievance Committee, September 1985 - June 1989

Joint Conference Committee on Graduate Medical Education, January 1987 - 1994

Student Health Advisory Committee, January 1988 - June 1994

Curriculum Review Task Force, Transition to Residency Course, February 1991 - 1993

Faculty Council, August 1991 - June 1997

Faculty Senate, June 1994- June 1996

Search Committee for Director for Maternal Fetal Medicine Division, 1998

Promotion and Tenure, October 1996 - 2002

Women's Health Student Interest Group, Faculty Advisor, 1998 - present

Medical Students for Choice, OHSU Chapter, Faculty Advisor, 1998 - present

School of Medicine Awards Committee, 2002-2007

Faculty Practice Plan Board of Directors, elected member, 2009-2012

Departmental

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Executive Committee 1988-present
Promotion and Tenure Committee 1995-present
Clinical Care Committee 1999-present
Education Committee 1999-present
Combined Education Committee 1983-1995

Hospital

Medical Records Committee, September 1983 - 1987
Ambulatory Care Committee, July 1987 - July 1990
Operating Room Committee, 1988 - 1992
University Medical Group
 Finance Committee, April 1993 - April 1997
 Clinical Practice Committee, May 1994 - April 1997
 Board of Directors, Specialty Care Representative, March 1998 - 2001
 Compensation Committee, 1998
 Board of Directors, 1998 - 2001
IPCO Advisory Board, 1995 - 1998
University Hospital North, Ambulatory Surgery Move Task Force, March 1997 - June 1998
Surgical Services Committee, 1998 - present
Ambulatory Surgery Management Group, 2000 - 2003.

Local, State, National Recognition for Clinical Excellence:

Selected as one of the "Top-Rated Physicians in America", in Guide to Top Doctors, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012
Named as one of the "Best Doctors for Women-coast to coast", *Ladies Home Journal*, April, 2002
Selected as one of "Our Best Doctors" by Portland physicians, *Portland Monthly*: 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2013
"Pioneer and Leader Award", for introduction of Essure in PPFA, September 2004

Clinical Care Awards:

Rose Awards: numerous

Community Service:

Birth Home, Board of Directors, Portland OR, 1982 - 1987
Planned Parenthood Columbia Willamette
 Medical Committee, April 1984 - present
 Chairman Medical Committee, June 1991 - 1994
 Board of Directors, July 1991 – 1994 and June 2016 to present
Portland Feminist Women's Health Center, Medical Advisor, 1983 - 1987
Oregon State Health Division
 Out of Hospital Birth Task Force, September 1985 - November 1987
 Direct Entry Midwifery, Board of Directors, 1993 - 1999
 Family Planning Consultant, April 1997 - present
Teen Pregnancy Prevention Task Group Member, December 1996 - present
Region X Chlamydia Project Member, February 1997 - present
Population Services International
 Advisory Committee on Emergency Contraception Promotion Project 2000-2001

V. TEACHING (OHSU Educator's Portfolio):

Overview of your Role as an Educator:

Almost all of my clinical activities occur with a learner present. I see patients at the Center for Women's Health with third year medical students, provide care at Planned Parenthood with Ob/Gyn residents and Family Planning fellows, perform surgery and deliver babies with medical students and residents. My philosophy of teaching is to allow learners to perform to their abilities and to encourage assumption of increasing responsibility as skills and knowledge grow. I believe that learning occurs best when individuals are given autonomy (commensurate with their training) to provide medical care. I attempt to foster this type of learning by providing feedback during and after the learners care for patients. In surgery, that occurs while directing every action of the learners. In the clinic setting, the learners have more independence to develop their skills without step by step direction.

Scholarship of Teaching:

Curriculum Development

I developed the program objectives for the Family Planning Fellowship. This document was submitted to the Buffett Foundation, and we received approval as a training site.

Educational Conference Presentations

See "Invited Lectures, Conference Presentations or Professorships:" (above)

Classroom Teaching (Since 1995, and not cited in Local Presentations above)

Principles of Clinical Medicine,

"Obstetric Physical Examination", 1995, 1996, 1997, 1998, 2000, 2001, 2002, 2003, 2004, 2005
Pelvic/GU Examination Instructor, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004,
2005, 2006, 2007, 2008, 2009, 2010

Gross Anatomy Class – MS I Course:

Instructor 2001, 2003, 2004

Physician Assistant Curriculum

"Breast Disease" 1999, 2001
"Contraception" 1999, 2001
"Ectopic Pregnancy" 2003, 2004, 2005, 2006, 2007

Human Growth and Development - MS II Course

"Contraception, Abortion, and Sterilization" 1995-2012
"Female Infertility" 1995-2001
"Abnormal Menstrual Cycles" 1995-2004
"Panel: Population Growth", 1995-1998

Pediatric Resident Noon Conference Series

"Contraception for Adolescents," 1996, 1998, 2000, 2003
"Evaluation and Management of Abnormal Bleeding in Adolescents," 2000, 2002

Internal Medicine Resident Noon Conference Series

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"Contraception Review", 2004

Students for Reproductive Choice Elective
"Surgical Abortion Technique" 1997-2007

Women's Health Care Nurse Practitioner Curriculum
"Abortion Review" 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003
"Benign Breast Disease" 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003
"Oral Contraceptives and Emergency Contraception" 2002, 2003

Nurse-Midwifery Curriculum
"Shoulder Dystocia" 1995-2016
"Breech Presentation" 2006, 2008, 2010, 2012, 2014, 2016

Family Practice Resident Noon conference
"Contraception Update" 2003
"Medical Abortion" 2003

Endocrinology Fellows Noon Conference
"Contraceptive Review" 2005

Women's Health Interest Group
"Management of Breech Presentation" 2010

Education Grants and Contracts:

Fellowship in Family Planning, funded by the Buffett Foundation. This pays for the salary of two fellows (R5 & R6) and 10% of the faculty of the fellowship director, (split evenly with the assistant fellowship director)

Effectiveness of Educational Activity:

Evaluations from teaching activities are available.

Mentorship:

Served on the MPH thesis committee for Kim Goldsmith, 2003-2004.
Served as mentor of numerous residents for their research projects including Lisa Thomas, Alison Edelman, Neva Phair, Carla Picardo, Marni Kwiecen, Liz Morgan, Gary Burgoine, Stephanie Koontz, Gina Allison, Emily Drath

Service and Membership of Educational Committees:

Steering Committee for the Human Growth and Development Course, SOM, OHSU, 1995-2002
Course Development Committee, Transition to Internship, SOM, OHSU, 1998
Member, Thesis Advisor for Kim Goldsmith, candidate for MPH, 2003

Honors and Awards for Education:

Outstanding Teaching Award, presented by graduating chief residents, OB/GYN Department at OHSU, June 1992.

APGO/CREOG National Faculty Award, presented for excellence in teaching to one faculty member in the

Ob/Gyn Dept. at OHSU each year, June 1993.

Excellence in Basic Sciences Teaching MSII Curriculum, OHSU, School of Medicine, 1994-1995.

Teaching Excellence Award, OHSU, School of Medicine, 1999-2000

J. David Bristow Award, OHSU, School of Medicine, Senior Class recognition to "one faculty member who exemplifies the ideals of the true physician as he/she conducts clinical practice with patients and colleagues", June 2001.

APGO/CREOG National Faculty Award, presented for excellence in teaching to one faculty member each year, June 2001

Planned Parenthood Federation of America, Affiliate Excellence Award given to one affiliate in the country for outstanding clinical teaching and research, 2003

Chosen as Faculty Marshal, OHSU School of Medicine Commencement Ceremony, June, 2004

Teaching Excellence Award, OHSU, School of Medicine, 2003-2004

Medical Students for Choice Faculty Mentor Award, presented at MSFC National meeting, Philadelphia, March, 2005

J. David Bristow Award, OHSU, School of Medicine, Senior Class recognition to "one faculty member who exemplifies the ideals of the true physician as he/she conducts clinical practice with patients and colleagues", June 2007.

The Leonard Tow Humanism in Medicine Award, June 2007

Chosen as Faculty Marshal, OHSU School of Medicine Commencement Ceremony, June, 2008

Outstanding Teacher Award, presented by graduating chief residents, OB/GYN Department at OHSU, June 2009.

Medical Students for Choice Faculty Mentor Award, presented at MSFC National meeting, Salt Lake City, UT, October 2009.

Robert Hatcher Family Planning Mentor Award, Society of Family Planning, 2015